MULTIPLE DEPE___ NT CLAIM
FEE CALCULA___ON SHEET
(FOR USE WITH F___ PTO-875)

SERIAL NO. **10/566666**   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
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10		1						60						
11	1							61						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2	⬇		⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	18	⬅		⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	20							TOTAL CLAIMS						

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